<u>Telemedicine and Non-Telemedicine Visit Experience Interview Guides</u>

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This is an interview guide designed to be conducted with patients, physicians, nurses, and office staff in an ambulatory setting. The tool includes questions to assess user's satisfaction and perceptions of telehealth.

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CASE-WISE ACCESS ASSESSMENT – $\underline{\mathit{TELEMEDICINE}}$ VISITS

Interviewer	Date:/ Site:
Chief concern:	Final diagnosis or diagnoses:
PARENT Part I - May be completed before [p	preferable] or after the visit.
Preamble: We are very interested in leaton make this service as useful as positive.	arning about your experience with today's visit so we can do everything possibl sible.
 1. If you had not been able to get this ap Go to ED Go to Urgent Care Center or walk-in Keep an appointment I already had s Wait till the 1st available appointmen Wait to see if the problem gets bette Other (specify): 	someplace else t at my child's doctor's office er
2. About how long did it take to get here < 10 min 10 to15 min > 15 but < 30 > 30 minutes	today?
3. How did you get here today? — walked — own car or household member's car — friend or family car (not in same hou — taxi — bus — other	usehold)
4. When you scheduled today's visit, how important)? Not at all 1 2 3	v important was convenience on a scale of 1 (for not at all) to 5 (for very very important 4 5
5. In scheduling this visit, what was the f	first contact you made?
6. Did you speak to someone from your o	child's doctor's office?
7. Who brought up the idea that telemed	licine might be a good option in caring for your child's illness?
8. Had you heard about telemedicine bef	Fore?
9. Have you had any experience with it?	
10. Did you encounter any problems in se	cheduling this appointment?
Part I Time Completedam	pm

Part II (to be completed after visit)

No	te: <i>ALTERNA</i>	1 <i>TI VE</i> =	= Respons	e to Part	I, Question #2	
11.	(for highly sat		with the ca	are [your ch	-	here today, on a scale of 1 (for highly unsatisfied) to 5
	Highly unsatisfied				Highly satisfied	
	1	2	3	4	5	
12.	Did you encou	nter any	y problems	during the	visit?	
13.	Did you encou	nter any	y inconveni	ence durinç	g the visit?	
14.	Compared to _		[ALTERNA	<i>TIVE</i>] what was b	etter about this telemedicine visit?
15.	Compared to _			[ALTERNA	1 <i>T/VE</i>] what was	not as good about this telemedicine visit?
16.	Do you feel thall) to 5 (for v			ore conveni	ent than	[ALTERNATIVE], on a scale of 1 (for not at
	Not at all 1	2	3	4	very much 5	
17.	Would you red definitely)?	ommen	d telemedio	cine to a fri	end for their child	on a scale of 1 (for absolutely not) to 5 (for yes,
	Absolutely				Yes,	
	Not 1	2	3	4	definitely 5	
18.	Would you use	e teleme	edicine agai	n, on a sca	le of 1 (for absolu	tely not) to 5 (for yes, definitely)?
	Absolutely				Yes,	
	Not 1	2	3	4	definitely 5	
19.	. Do you have a	iny othe	r comment	s about you	ur telemedicine vis	it today/this evening?
		,		,		
Pa	rt II Interviev	wer init	tials			
Pa	rt II Time Cor	nplete	d	am pm	Completedi	n-personby phone

PHONE NURSE Oueries to the phone nurs

					hone call that lead to this visit. This nurse usually can be same day as this visit or the day before).
	: Nurse nar	ne			
IF NO:		se interview o er/Coordinato		•	ed. Determine parents' point of first contact from parent or
	provider (p	hysician or nu Infident, and	urse pract 5 being ve ve	itioner) rat	
1	2	3	4	5	
		all confident	and 5 beii ve		
1	2	3	4	5	
					me for this call compare to the time expected if you had just nger and 5 is much longer?
6. If you decide to the parent?	e that a visit	seems appro	opriate for	telemedic	cine, what are some of the barriers to offering this type of visit
7. What could b	oe done to e	enhance your	comfort I	evel with o	offering telemedicine to parents?
	much lowe	evel in recomi er, 3 is about about the same 3			ne changed since this option became available, on a scale of 1 much higher:
9. IF	CHANGED	(any response	e except "	about the	same"): What do you think produced this change?
10. Would you	consider us	ing telemedic	ine for yo	u own fam	nily? YES NO
11. Why or why	y not?				
12. Were there	any commi	unications cha	allenges ir	ı working v	with the Scheduler/Coordinator?
13. Do you hav	e other com	nments about	your exp	erience in	guiding this family in accessing care?

TELEMEDICINE SCHEDULER/COORDINATOR

1. Who contacted you first about this visit? Phone nurse or other staff from doctor's office Parent School or child care staff Other Specify:
2. Who did you speak with in scheduling this visit? Check all that apply. Following each contact person/type, indicate (estimate) the number of contacts you made (for example, 3X = spoke 3 times)
Parent/guardian Medical office (e.g., AC6) nurse or other staff CTA Provider Child care or school staff (other than CTA) Lab courier Other Specify:
3. How confident were you that this child's problem was appropriate for telemedicine? Not at all very confident 1
4. Were there any communications problems in scheduling this visit? YES NO If so, what?
5. Did you encounter any difficulty in getting this child seen in timely fashion? YES NO If so, what?
6. Any other comments about this visit?

TELEMEDICINE ASSISTANT

1. Was a no yes	a parent or	guardian p	oresent at thi	s visit?					
2. Were no yes	there any o		ition problem	ns in sci	heduling this vi	sit?			
3. Were no yes	there any o		ition problem	ns with	the provider fo	r this visit?			
4. Did y no yes	ou encounte	-	nnical probler	ms in co	ompleting this v	visit?			
all confi	confident w dent and 5 i at all 1			-	em was appropi ery confident 5	iate for teleme	edicine, on a	scale of 1-5 v	vhere 1 is not at
6. Was inher/inher			inted the pro	ovider to	o know about tl	nis child's prob	olem or care t	hat you were	not able to tell
7. Did y	ou feel com	fortable w	ith the provid	der's dia	agnosis?				
and 5 is	well do you very well? well at all 1	think this	telemedicine		net expectations very well 5	of the family,	, on a scale of	f 1-5 where 1	is not well at a
9. Any c	other comme	ents about	this visit?						

PROVIDER

	As a resu	ult of this	s visit, di	id you recomr	mend t	that the child b	e seen in person for evaluation or treatment?
		YES, why	/? (for e	example, need	ded ha	nds-on examin	ation, blood test, imaging, IV fluids, injection)
2.				that this child y confident?	l's prol	olem was appro	opriate for telemedicine, on a scale of 1-5 where 1 is not at
	Not at a		2	3	4	very confident 5	
3.		ere any to so, what?		problems in o	condu	cting this visit?	
	ality) you	-	to com	s in gathering plete this visit	-	mation or prob	lems in the quality of information, (e.g., images of poor
5.	What do	you thin	k the pa	arent(s) liked	or disl	iked about this	telemedicine visit?
6.	What do	you thin	k were	some (other)	good 1	things about th	is telemedicine visit?
7.	What do	you thin	k were	some (other)	negati	ive things abou	t this telemedicine visit?
	to comp		visit in t				by telemedicine compare with time you would usually spend being much less time, 3 being about the same time, and 5
	less			the same		more	
	1		2	3	4	5	
9.	What co	uld be do	ne, nex	t time, to red	uce th	e overall time r	required to complete this visit
10	this visit	compare	e with ti	me you would	d expe	ct to spend had	words, information-gathering and making up your mind) for d this visit been in the office, on a scale of 1-5 with 1 being much more time?
	1		2	3	4	5	
11		nfident v	vere you		diagno	-	o any in-person visit for this type of problem?
	much			about the same		much	
	less 1		2	3	4	more 5	
							s telemedicine visit with the quality expected with an in- ing much lower and 5 being much higher?
	lower			the same		higher	
	1 13.	WHY?	2	3	4	5	
14	. Any oth	ner comm	nents ab	out this visit?			

CASE-WISE ACCESS ASSESSMENT – $\underline{\mathit{OFFICE}}$ VISITS

Interviewer	Date:/ Site:
Chief concern:	Final diagnosis or diagnoses:
PARENT Part I - May be completed be	efore [preferable] or after the visit.
•	ted in learning about your experience with today's visit so we can do everything po
 Go to ED Go to Urgent Care Center or Seep an appointment I alread Wait to see if the problem ge 	walk-in clinic (e.g., St Mary's) ady had someplace else ets better
2. About how long did it take to g < 10 min 10 to15 min > 15 but < 30 > 30 minutes	
3. How did you get here today? walked own car or household member friend or family car (not in sa taxi bus other	
important)? Not at all	visit, how important was convenience on a scale of 1 (for not at all) to 5 (for very very important
1 2 3 5. In scheduling this visit, what w	4 5 vas the first contact you made?
6. Did you speak to someone fron	m your child's doctor's office?
	that telemedicine might be a good option in caring for your child's illness? you chose an office visit instead?
8. Had you heard about telemedic	cine before?
9. Have you had any experience v	with it?
10. Did you encounter any proble	ems in scheduling this appointment?

					Access to office visit. Version 3/00/1
Part I Time Com	pleted _	a	ım pm		
Part II (to be	complet	ed after	visit)		
Note: ALTERNA	1 <i>T/VE</i> =	Response	e to Part I	, Question #2	
11. How satisfied (for highly sat Highly unsatisfied 1	isfied).	vith the car	-	ild/you] received here Highly satisfied 5	today, on a scale of 1 (for highly unsatisfied) to 5
12. Did you encou	ınter any	problems (during the	visit?	
13. Did you encou	ınter any	inconvenie	ence during	the visit?	
14. Compared to _		[/	4 <i>LTERNA</i> 1	TIVE] what was better	r about this visit?
15. Compared to _		[ALTERNA	<i>TIVE</i>] what was not a	s good about this visit?
16. Do you feel th all) to 5 (for v			re convenie	ent than	[<i>ALTERNATIVE</i>], on a scale of 1 (for not a
Not at all 1	2	3	4	very much 5	
17. Would you red definitely)?	commend	this office	to a friend	for their child, on a so	cale of 1 (for absolutely not) to 5 (for yes,
Absolutely Not 1	2	3	4	Yes, definitely 5	
18. Do you have a	any other	comments	about you	r visit today?	
Part II Interviev	wer initi	als			

Part II Time Completed _____am pm Completed __in-person __by phone

PHONE NURSE

Queries to the phone nurse who responded to the parent phone call that led to this visit. This nurse usually can be identified from a telephone note in EMR (usually dated the same day as this visit or the day before).
Phone note found in medical record?noyes IF YES: Nurse name
IF NO: Determine parents' point of first contact from parent and record here:
2. In speaking with this parent about her/his child's illness, how confident were you in deciding whether the child should be seen by a provider (physician or nurse practitioner) rather than just continue with care at home, on a scale of 1-5 with 1 being not at all confident, and 5 being very confident? Not at all very confident 1 2 3 4 5
3. Did you offer telemedicine to the parent as an option for care?noyesres
4. How confident were you in deciding whether or not the child could be cared for appropriately via telemedicine, or a scale of 1-5 with 1 being not at all confident, and 5 being very confident? Not at all very confident 1 2 3 4 5
5. In guiding this family to use telemedicine, how did the time for this call compare to the time expected if you had just offered an office visit, on a scale of 1-5 where 1 is no longer and 5 is much longer? no a little much longer longer 1 2 3 4 5
6. What could be done to enhance your comfort level with offering telemedicine to parents?
7. When you decide that a visit seems appropriate for telemedicine, what are some of the barriers to offering this type of visit to the parent?
8. How has your comfort level in recommending telemedicine changed since this option became available, on a scale of 5 where 1 is much lower, 3 is about the same, and 5 is much higher: much lower the same higher 1 2 3 4 5
9. IF CHANGED (any response except "about the same"): What do you think produced this change?
10. Would you consider using telemedicine for you own family?noyes
11. Why or why not?
12. Do you have other comments about your experience in guiding this family in accessing care?
Interviewer initials

PROVIDER

					was anything done that could not be provided through a blood test, imaging, IV fluids, multiple neb treatments)
no	тог ехап	ipie. Heeded H	arius	-on examination,	blood test, imaging, iv hulds, multiple heb treatments)
yes					
yes IF YES, wh	nat?				
		lant ware you	that t	his was nocossar	y, on a scale of 1-5 where 1 is not at all confident, and 5
is very con		ient were you	llial i	ilis was riecessai	y, off a scale of 1-5 where T is not at all confident, and 5
Not at all	muem			very confident	
1	2	3	4	very confident	
Į	2	3	4	ວ	
2. About how many	y teleme	dicine visits ha	ive yo	ou done?	(provider's estimate)
3. Do you think thi and 5 is very appro		ould have beer	n app	ropriate for telem	edicine, on a scale of 1-5 where 1 is not at all appropriate
Not at all	•				Very appropriate
1	2	(3	4	5
4. What do you thi	nk the p	arent(s) liked	or dis	liked about this o	ffice visit?
	ne, on a			•	mpare with time you would usually spend to complete this ne, 3 is about the same, and 5 is much more time?
1	2	3	4	5	
7. How did the time	e you sp	ent in <u>decision</u>	ı-mak	<u>ing</u> for this visit c	quired to complete this visit? ompare with time you would expect to spend had this visit ess time, 3 is about the same, and 5 is much more time?
much		about		much	
less		the same		more	
1	2	3	4	5	
					ed to a telemedicine visit for this type of problem, on a e, and 5 is much more confident?
					fice visit with the quality expected with a telemedicine ower quality, 3 is about the same, and 5 is much higher
much		about		much	
lower		the same		higher	
1	2	3	4	5	
10. Why?					
11. Any other com	ments al	oout this visit?			
Interviewer initi	als				